

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Van Dyk

Signature of Treasurer

Electronically Filed by Robert Van Dyk

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 9 | 2 | 0 | 0 | 6 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 7 | 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2006 | | 371526.17 |
| (b) Cash on Hand at Beginning of Reporting Period | 27237.54 | |
| (c) Total Receipts (from Line 19) | 95589.05 | 630190.32 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 122826.59 | 1001716.49 |
| 7. Total Disbursements (from Line 31) | 9155.88 | 888045.78 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 113670.71 | 113670.71 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 0 | 1 | 9 | 2 | 0 | 0 | 6 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 7 | 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 65709.26 | 553423.66 |
| (i) Itemized (use Schedule A) | 18379.79 | 62016.66 |
| (ii) Unitemized | 84089.05 | 615440.32 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) | 84089.05 | 615440.32 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 11500.00 | 11500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 3250.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 95589.05 | 630190.32 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 95589.05 | 630190.32 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 1155.88 | 7195.78 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 1155.88 | 7195.78 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3000.00 | 872350.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 5000.00 | 8500.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 9155.88 | 888045.78 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 9155.88 | 888045.78 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 84089.05 | 615440.32 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 84089.05 | 615440.32 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1155.88 | 7195.78 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1155.88 | 7195.78 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Brad Stebbins

Mailing Address 600 E Whaley

City State Zip Code
 Longview TX 75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: 24859375

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Cynthia Klisz Morton

Mailing Address 4809 Bayard Blvd

City State Zip Code
 Bethesda MD 20816-1783

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: 24874004

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ms. Leona Tinkey

Mailing Address 803 Cherry Drive

City State Zip Code
 Hershey PA 17033-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Meadows

Occupation
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 6

Transaction ID: 24874062

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry Schroer

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 24874074

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Giorgio

Mailing Address 3410 12th Ave. SW

City

State

Zip Code

Cedar Rapids

IA

52404-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen EstatesOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 24874318

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul Langevin, Jr.

Mailing Address 4 AAA Drive
Suite 203

City

State

Zip Code

Hamilton

NJ

08691-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Association
of New JerseyOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 24878868

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Wade Peterson
Mailing Address 201 14th St., NW

City State Zip Code
Mandan ND 58554-2063

FEC ID number of contributing federal political committee.

C

Name of Employer
MedCenter One Care CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 24881179

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Mr. David Moore
Mailing Address 2749 E. Covenanter Dr.

City State Zip Code
Bloomington IN 47401-5454

FEC ID number of contributing federal political committee.

C

Name of Employer
CarDon & AssociatesOccupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 24881274

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Donald Franco
Mailing Address 38 Talmadge Avenue

City State Zip Code
East Haven CT 06512-3541

FEC ID number of contributing federal political committee.

C

Name of Employer
Paragon Group Inc.Occupation
SNF Administrator/Owner/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 24881285

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 63

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Tim Graves Mailing Address 4214 Medical Pkwy. 3rd Floor City Austin State TX Zip Code 78756-3333 FEC ID number of contributing federal political committee. C Name of Employer Texas Health Care Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 24888616 Amount of Each Receipt this Period 100.00 |
| B. Full Name (Last, First, Middle Initial) Ms. Kathleen Collins Pagels Mailing Address 9035 E. Lupine Ave City Scottsdale State AZ Zip Code 85260-6837 FEC ID number of contributing federal political committee. C Name of Employer Arizona Health Care Association Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 24888819 Amount of Each Receipt this Period 100.00 |
| C. Full Name (Last, First, Middle Initial) Mr. Dennis Wheeler Mailing Address PO Box 2754 City Mount Pleasant State SC Zip Code 29465-2754 FEC ID number of contributing federal political committee. C Name of Employer Laurel Baye Healthcare Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 24888849 Amount of Each Receipt this Period 100.00 |

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Christopher J. Urban

Mailing Address PO Box 75

City State Zip Code
 Solana Beach CA 92075-0075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care REIT, Inc.

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894685

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Mr. Joe Lubarsky

Mailing Address 330 East Kilbourn

City State Zip Code
 Milwaukee WI 53202-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer
BDO Seidman LLP

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894692

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)

Ms Judith Dicker

Mailing Address 182-15 Hillside Ave

City State Zip Code
 Jamaica Estates NY 11432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside Manor

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894695

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Stanley Dicker

Mailing Address 182-15 Hillside Ave

City State Zip Code
 Jamaica Estates NY 11432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside Manor Rehab Ctr

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894697

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Mr. Don Greiner

Mailing Address 4350 Will Rogers Parkway
 #350

City State Zip Code
 Oklahoma City OK 73108-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grace Living Centers

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894699

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)

Mr. Jeffrey B. Hendrickson

Mailing Address 132 Loch Lomand

City State Zip Code
 Rancho Mirage CA 92270-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894708

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Alan Zuccari

Mailing Address 7712 Carlton Place

City State Zip Code
McLean VA 22102-2149

FEC ID number of contributing federal political committee.

C

Name of Employer
Hamilton Insurance AgencyOccupation
Insurance Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894710

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr Dirk Anjewierden

Mailing Address 2180 So. 1300 E
Suite 445

City State Zip Code
Salt Lake City UT 84106-2813

FEC ID number of contributing federal political committee.

C

Name of Employer
Utah Health Care Assn.Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894712

Amount of Each Receipt this Period

375.00

C. Full Name (Last, First, Middle Initial)
Ms Mary Baker

Mailing Address 108 Starr Ave.
PO Box 1129

City State Zip Code
Turlock CA 95381

FEC ID number of contributing federal political committee.

C

Name of Employer
Mark One Corp.Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 24894715

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeri Berg

Mailing Address 4760 Burr Oak St.

City

Eagan

State

MN

Zip Code

55122-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Achieve Healthcare

Occupation

National Director of Sales

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 24895557

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ms Alice Kim Lew

Mailing Address 58-130 Kam Hwy

City

Haleiwa

State

HI

Zip Code

96712-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crawford's Convalescent
Home

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911269

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Anthony Krieg

Mailing Address 472 Kaulana St

City

Kahului

State

HI

Zip Code

96732-2099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hale Makua

Occupation

CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911299

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 63

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gerald Schroer, Jr.
Mailing Address 7235 Whipple Ave. NW

City State Zip Code
North Canton OH 44720-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer
AltercareOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 6 |

Transaction ID: 24911494

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
Ms. Cecile Menard
Mailing Address 22 Hunt Street

City State Zip Code
Nashua NH 03060-4499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Courville at NashuaOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 6 |

Transaction ID: 24911498

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Shriver
Mailing Address 617 Comstock Road
Suite 8

City State Zip Code
Montpelier VT 05602-4307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vermont Health Care Assn.Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 6 |

Transaction ID: 24911513

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms Dixie Taylor-Huff
Mailing Address 932 Baddour Parkway

City State Zip Code
Lebanon TN 37087-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Care Health Center

Occupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911518

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Ms Ava Vogel Smith
Mailing Address 1552 Hamilton Drive

City State Zip Code
Greenwood IN 46143-7030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vogelsmith Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911520

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen J. Allen
Mailing Address 921 E. Fort Avenue Suite 240

City State Zip Code
Baltimore MD 21230-5346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Xavier Health Care Services, Inc.

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911523

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Theodore Lee

Mailing Address 700 Hanover St

City State Zip Code
 Manchester NH 03104-5398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanover Hill Health Care

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911540

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Ms. Nancy Beecham

Mailing Address 1827 Diesel Drive

City State Zip Code
 El Cajon CA 92019-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retro Medical Billing Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911545

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Ms. MariIn Tande

Mailing Address 3425 Loveland Avenue

City State Zip Code
 Loveland CO 80538-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loveland Good Sam

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911548

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | | |
|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Stephen J. Allen Mailing Address 921 E. Fort Avenue Suite 240 City State Zip Code Baltimore MD 21230-5346 FEC ID number of contributing federal political committee. C Name of Employer Xavier Health Care Services, Inc. Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 24911561 Amount of Each Receipt this Period 100.00 |
| B. Full Name (Last, First, Middle Initial) Mr. John Poirier Mailing Address 125 Airport Rd City State Zip Code Concord NH 03301-7300 FEC ID number of contributing federal political committee. C Name of Employer New Hampshire Health Care Assn Occupation Exec Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 24911578 Amount of Each Receipt this Period 100.00 |
| C. Full Name (Last, First, Middle Initial) Mr. Nicholas Thisse Mailing Address 80 Access Road City State Zip Code Norwood MA 02062-5212 FEC ID number of contributing federal political committee. C Name of Employer Rehab Associates Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 24911589 Amount of Each Receipt this Period 100.00 |

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Rick Mendlen

Mailing Address 1810 Gillespie Way Ste. 212

City State Zip Code
 El Cajon CA 92020-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennon Shea & Assoc.

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911596

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Mr. Arthur Logsdon

Mailing Address One N. Capitol

City State Zip Code
 Indianapolis IN 46204-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Health Care Assn.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911633

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Ms. Debra Kriner

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kriner & Assoc.

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24911689

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert Sbriglio, MD, MPH, NHA
Mailing Address 88 Ryders Lane Suite 208

City State Zip Code
Stratford CT 06614-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ryders Health Management

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 24913512

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr Robert M. Chur
Mailing Address 7 Limestone Drive

City State Zip Code
Williamsville NY 14221-7899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elderwood Affiliates Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 24913518

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)
Mr Don Wessell
Mailing Address 417 S Main St

City State Zip Code
Oberlin OH 44074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Welcome Nursing Home Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 24913592

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 20 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms Lorraine Franco
Mailing Address 38 Talmadge Avenue

City State Zip Code
East Haven CT 06512-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Group Inc.

Occupation
Exec Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913629

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
Mr. David Hebert
Mailing Address 7605 Ridgecrest Drive

City State Zip Code
Alexandria VA 22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.36

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913631

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
Mr. Nicholas Thisse
Mailing Address 80 Access Road

City State Zip Code
Norwood MA 02062-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehab Associates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913633

Amount of Each Receipt this Period

390.00

SUBTOTAL of Receipts This Page (optional)

890.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mark Schryver

Mailing Address 12075 East 45th Avenue Suite 600

City State Zip Code
 Denver CO 80239-3136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schryver Medical

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913635

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Ms. Cassandra Rocke

Mailing Address 13136 W. Boyand

City State Zip Code
 Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinon Mgmt.

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913637

Amount of Each Receipt this Period

580.00

Full Name (Last, First, Middle Initial)

C. Ms Elizabeth B Irtz

Mailing Address 12136 Col. Bayaud Ave. #200

City State Zip Code
 Lorewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinon Mgmt.

Occupation
VP Life Enhancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913639

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Ted LeNeave

Mailing Address 11000 Norwich Pkwy

City State Zip Code
 Glen Allen VA 23059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parham Health Care & Reha-
b.Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913648

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric Holland

Mailing Address PO Box 127

City State Zip Code
 Fulton MS 38843-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniel Health Care

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913652

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

C. Mr. Cliff Coldren

Mailing Address 1930 Cliff Side Dr.

City State Zip Code
 STATE COLLEGE PA 16801-7694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookline

Occupation
Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913654

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Mr Alfred Santos Mailing Address 57 Kilvert Street Suite 200 City State Zip Code Warwick RI 02886-1009 FEC ID number of contributing federal political committee. C Name of Employer Rhode Island Healthcare Assn Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 24913656 Amount of Each Receipt this Period 350.00 |
| B. Full Name (Last, First, Middle Initial) Mr. Leonard Russ Mailing Address 40 Keogh Lane City State Zip Code New Rochelle NY 10805-1397 FEC ID number of contributing federal political committee. C Name of Employer Bayberry Nursing Home Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1900.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 24913660 Amount of Each Receipt this Period 400.00 |
| C. Full Name (Last, First, Middle Initial) Ms Arlene Miles Mailing Address 6061 S. Brook Valley City State Zip Code Centennial CO 80121-3103 FEC ID number of contributing federal political committee. C Name of Employer Colorado Health Care Association Occupation State Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1550.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 24913666 Amount of Each Receipt this Period 675.00 |

SUBTOTAL of Receipts This Page (optional)

1425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Michael Cook

Mailing Address 2724 King St.

City State Zip Code
 Alexandria VA 22302-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Epstein Becker and Green
P.C.

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913668

Amount of Each Receipt this Period

160.00

B. Full Name (Last, First, Middle Initial)

Michael Jeffries

Mailing Address 1000 Fianna Way

City State Zip Code
 Fort Smith AR 72919-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Ventures

Occupation
Division President of Golden Living Ce

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24913671

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)

Mr. William Gillis

Mailing Address 8 Avenue 1

City State Zip Code
 Scarborough ME 04074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Continuum Health Care

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 24920300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Theodore Lee

Mailing Address 700 Hanover St

City State Zip Code
 Manchester NH 03104-5398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanover Hill Health Care

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920333

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr J Wayne Franklin

Mailing Address 125 Springfield Ct #1

City State Zip Code
 O Fallon IL 62269-2495

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Healthcare

Occupation
Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920634

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Marian Kirley

Mailing Address 1430 Progress Way

City State Zip Code
 Sykesville MD 21784-6429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 24921257

Amount of Each Receipt this Period

2300.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr J Craig Souza

Mailing Address 5109 Bur Oak Cir

City State Zip Code
Raleigh NC 27612-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Health Care
Fac

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 24921260

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Mr J Wayne Franklin

Mailing Address 125 Springfield Ct #1

City State Zip Code
O Fallon IL 62269-2495

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Healthcare

Occupation
Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24922311

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr Orlando Bisbano, Jr.

Mailing Address 135 Tripps Lane

City State Zip Code
Riverside RI 02915-3092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orchard View Manor

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24922313

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Richard Rau
Mailing Address 3939 S. 92nd St.

City State Zip Code
Greenfield WI 53228-2199

FEC ID number of contributing federal political committee.

C

Name of Employer
Clement Manor Inc.Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24924202

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Mr Gerald Romano
Mailing Address 7 Creek Lane

City State Zip Code
Bristol RI 02809-2499

FEC ID number of contributing federal political committee.

C

Name of Employer
Silver Creek ManorOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24924262

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Ms Patricia Ramsey
Mailing Address 928 South Street

City State Zip Code
Portsmouth NH 03801-5459

FEC ID number of contributing federal political committee.

C

Name of Employer
The Edgewood CenterOccupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24924455

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia Klisz Morton

Mailing Address 4809 Bayard Blvd

City State Zip Code
 Bethesda MD 20816-1783

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24924457

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher J. Urban

Mailing Address PO Box 75

City State Zip Code
 Solana Beach CA 92075-0075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care REIT, Inc.

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 24926590

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City State Zip Code
 Scotts Hill TN 38374-5084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Health Manageme-
nt

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24927461

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 63

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Kathleen Collins Pagels

Mailing Address 9035 E. Lupine Ave

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Scottsdale | AZ | 85260-6837 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Health Care Assoc-
iationOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 3 | 0 | | 2 | 0 | 0 | 6 |

Transaction ID: 24927584

Amount of Each Receipt this Period

-100.00

B. Full Name (Last, First, Middle Initial)
Ms. Leona Tinkey

Mailing Address 803 Cherry Drive

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Hershey | PA | 17033-2008 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country MeadowsOccupation
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 3 | 0 | | 2 | 0 | 0 | 6 |

Transaction ID: 24927638

Amount of Each Receipt this Period

-100.00

C. Full Name (Last, First, Middle Initial)
Jerry Schroer

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 3 | 0 | | 2 | 0 | 0 | 6 |

Transaction ID: 24927646

Amount of Each Receipt this Period

-100.00

SUBTOTAL of Receipts This Page (optional)

-300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Giorgio

Mailing Address 3410 12th Ave. SW

City State Zip Code
 Cedar Rapids IA 52404-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Estates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24927664

Amount of Each Receipt this Period

-100.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Giorgio

Mailing Address 3410 12th Ave. SW

City State Zip Code
 Cedar Rapids IA 52404-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Estates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24927675

Amount of Each Receipt this Period

-100.00

Full Name (Last, First, Middle Initial)

C. Ms. MariIn Tande

Mailing Address 3425 Loveland Avenue

City State Zip Code
 Loveland CO 80538-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loveland Good Sam

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24927679

Amount of Each Receipt this Period

-100.00

SUBTOTAL of Receipts This Page (optional)

-300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms Arlene Miles

Mailing Address 6061 S. Brook Valley

City State Zip Code
 Centennial CO 80121-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Health Care Asso-
ciation

Occupation
State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24927805

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr Frederick Miles

Mailing Address 6061 S. Brook Valley Way

City State Zip Code
 Centennial CO 80121-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miles & Epstein

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24927813

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr Fred Watson

Mailing Address 160 Country Club Dr.

City State Zip Code
 Stockbridge GA 30281-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Nursing Home Asso-
c.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24928208

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Fran Kirley Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 24928252 Amount of Each Receipt this Period 500.00 |
| B. Full Name (Last, First, Middle Initial) Davis King Mailing Address 1203 Cordelle Rd. City State Zip Code Sylvester GA 31791-7300 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 24928257 Amount of Each Receipt this Period 1000.00 |
| C. Full Name (Last, First, Middle Initial) Ms. Jody Knox Mailing Address 1905 W. Pierce St. City State Zip Code Carlsbad NM 88220-4098 FEC ID number of contributing federal political committee. C Name of Employer Occupation Lakeview Christian Home Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 24928735 Amount of Each Receipt this Period 500.00 |

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms Shelly Peterson
Mailing Address 1900 N. 11th Street

City State Zip Code
Bismarck ND 58501-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Dakota LTC Associat-
ion

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929012

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Mr. E.M. Harrington
Mailing Address PO Box 699

City State Zip Code
Eastman GA 31023-0699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinecare Management

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929219

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Bruce Yarwood
Mailing Address 200 P St #F31

City State Zip Code
Sacramento CA 95814-6259

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929233

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Lyn Bentley
Mailing Address 2212 Hidden Valley Lane

City State Zip Code
Silver Spring MD 20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929237

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
Ms. Julie Cheeka
Mailing Address 3614 Connecticut Avenue, NW Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929251

Amount of Each Receipt this Period

11.54

C. Full Name (Last, First, Middle Initial)
Mr. David Hebert
Mailing Address 7605 Ridgcrest Drive

City State Zip Code
Alexandria VA 22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929258

Amount of Each Receipt this Period

27.78

SUBTOTAL of Receipts This Page (optional)

59.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
 Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929260

Amount of Each Receipt this Period

11.54

B. Full Name (Last, First, Middle Initial)

Mr David Kylo

Mailing Address 4621 28th Road South
 PAYROLL DEDUCTION

City State Zip Code
 Arlington VA 22206-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.20

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929261

Amount of Each Receipt this Period

39.56

C. Full Name (Last, First, Middle Initial)

Ms. Shelley Sabo

Mailing Address 6360 Tisberry Drive
 PAYROLL DEDUCTION

City State Zip Code
 Burke VA 22015-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
NCAL

Occupation
Director Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24929263

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

61.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr William Dunn
Mailing Address 195 Executive Dr

City State Zip Code
Marion OH 43302-6391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion Manor Nursing Hm
Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 24941133

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms Cheryl Killian
Mailing Address 3801 Woodside Dr.

City State Zip Code
Arlington TX 76016-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care Centers Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: 24941141

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
Mr. David Moore
Mailing Address 2749 E. Covenanter Dr.

City State Zip Code
Bloomington IN 47401-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarDon & Associates

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24944157

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Richard Rau
Mailing Address 3939 S. 92nd St.

City State Zip Code
Greenfield WI 53228-2199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clement Manor Inc.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 24944158

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Mr William Williamson
Mailing Address 101 Grace Drive

City State Zip Code
Easley SC 29640-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Management Resources

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 24953253

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)
Mr. Mohammad Qazi
Mailing Address 4000 Town Center Ste. 380

City State Zip Code
Southfield MI 48075-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cienna Healthcare Management, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 6

Transaction ID: 24953258

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Nicholas Thisse

Mailing Address 80 Access Road

City State Zip Code
 Norwood MA 02062-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehab Associates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 24953264

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Mark Ballif

Mailing Address 100 E. San Marcos Ste. 200

City State Zip Code
 San Marcos CA 92069-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plum Healthcare Group LLC

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 24953267

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)

Mr. Paul Hubbard

Mailing Address 100 East San Marcos Blvd.
 Ste. 100

City State Zip Code
 San Marcos CA 92069-2986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plum Healthcare Group LLC

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 24953269

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 63

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Douglas Burr Mailing Address 1185 Wilde Run Court City Roswell State GA Zip Code 30075-7160 FEC ID number of contributing federal political committee. C Name of Employer Cypress Healthcare Management Occupation VP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 24953271 Amount of Each Receipt this Period 125.00 |
| B. Full Name (Last, First, Middle Initial) Mr. Darrell R. Cammack Mailing Address 9900 Walthen Blvd City Baltimore State MD Zip Code 21234-5785 FEC ID number of contributing federal political committee. C Name of Employer Quail Run Assisted Living Occupation Owner, CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 24953273 Amount of Each Receipt this Period 250.00 |
| C. Full Name (Last, First, Middle Initial) Ms Jane Hibbard-Merrill Mailing Address Gulford St PO Box 159 City Dover-Foxcroft State ME Zip Code 04426 FEC ID number of contributing federal political committee. C Name of Employer Hibbard Nsg Hm Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 24953275 Amount of Each Receipt this Period 75.00 |

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 63

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Wade Peterson

Mailing Address 201 14th St., NW

City State Zip Code
Mandan ND 58554-2063

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedCenter One Care CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 24953989

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Ms. Marjorie Shell

Mailing Address 625 East Water St.

City State Zip Code
Pendleton IN 46064-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fall Creek Retirement VillageOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 24954000

Amount of Each Receipt this Period

625.00

C. Full Name (Last, First, Middle Initial)
Ms. Lyn Bentley

Mailing Address 2212 Hidden Valley Lane

City State Zip Code
Silver Spring MD 20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCAOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 24954242

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

745.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | | |
|--|--|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Julie Cheeka Mailing Address 3614 Connecticut Avenue, NW Apt 22 City Washington State DC Zip Code 20008-2436 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Senior Director of Constituency Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 253.88 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 24954243 Amount of Each Receipt this Period 11.54 |
| B. Full Name (Last, First, Middle Initial) Mr. David Hebert Mailing Address 7605 Ridgecrest Drive City Alexandria State VA Zip Code 22308-1049 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Senior Vice President of Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 538.92 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 24954244 Amount of Each Receipt this Period 27.78 |
| C. Full Name (Last, First, Middle Initial) Ms Jennifer Shimer Mailing Address 9507 Shelly Krasnow Ln City Fairfax State VA Zip Code 22031-4720 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 253.88 | | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 24954245 Amount of Each Receipt this Period 11.54 |

SUBTOTAL of Receipts This Page (optional)

50.86

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 63

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) Mr David Kylo | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 4621 28th Road South PAYROLL DEDUCTION | | Transaction ID: 24954246 | |
| City State Zip Code Arlington VA 22206-1143 | | Amount of Each Receipt this Period 39.56 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AHCA | | Occupation Director, Assisted Living | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 855.76 | |
| B. Full Name (Last, First, Middle Initial) Ms. Shelley Sabo | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 6360 Tisberry Drive PAYROLL DEDUCTION | | Transaction ID: 24954247 | |
| City State Zip Code Burke VA 22015-4061 | | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer NCAL | | Occupation Director Assisted Living | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 220.00 | |
| C. Full Name (Last, First, Middle Initial) Robert Causey | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address 7726 US 165 | | Transaction ID: 24954630 | |
| City State Zip Code Columbia LA 71418 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

SUBTOTAL of Receipts This Page (optional)

299.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mark Emerson Reagan

Mailing Address 1508 Candmark Drive

City State Zip Code
 Vallejo CA 94591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 6

Transaction ID: 24960253

Amount of Each Receipt this Period

126.00

Full Name (Last, First, Middle Initial)

B. Ms Alice Kim Lew

Mailing Address 58-130 Kam Hwy

City State Zip Code
 Haleiwa HI 96712-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crawford's Convalescent
Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: 24961293

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Vincent Lee

Mailing Address 3675 Kilauea Ave.

City State Zip Code
 Honolulu HI 96821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oahu Region, Leahi

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 0 6

Transaction ID: 24961323

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

476.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Richard Miller
Mailing Address 3594 E US Highway 30

City State Zip Code
Warsaw IN 46580-6720

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMM Invest Inc

Occupation
CEO/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 24972963

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Ms. Ruth Braswell
Mailing Address 3674 Pacific Ave

City State Zip Code
Riverside CA 92509-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Pacifica Enterprises

Occupation
Comm. Relations Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 24977591

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)
Mr. Don B. Bedell
Mailing Address P.O. Box 1210

City State Zip Code
Sikeston MO 63801-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Mgmt Co.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 6

Transaction ID: 24999266

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | | |
|---|-------------|---|--|
| A. Full Name (Last, First, Middle Initial) Mr Don C. Bedell | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6 | |
| Mailing Address 731 North Main St. PO Box 1210 | | Transaction ID: 24999458 | |
| City Sikeston | State MO | Amount of Each Receipt this Period 1250.00 | |
| Zip Code 63801-2176 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Health Facilities Mgmt Co- rp | | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | |
| B. Full Name (Last, First, Middle Initial) Mr. Norm Hyatt | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 5102 Scenic Drive | | Transaction ID: 25003650 | |
| City Yakima | State WA | Amount of Each Receipt this Period 125.00 | |
| Zip Code 98908-2229 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Hyatt Management Corp. | | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |
| C. Full Name (Last, First, Middle Initial) Ms. Betty Brown Williamson | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1125 Whit David Rd. | | Transaction ID: 25003670 | |
| City Athens | State GA | Amount of Each Receipt this Period 300.00 | |
| Zip Code 30605-4041 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer We Care Enterprises, Inc. | | Occupation owner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

SUBTOTAL of Receipts This Page (optional)

1675.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 63

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Brad Barnes Mailing Address 2615 Falcon Knoll Lane City State Zip Code Katy TX 77494-2419 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 342.00 | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 Transaction ID: 25027261 Amount of Each Receipt this Period 342.00 |
| B. Full Name (Last, First, Middle Initial) Ms. Susan Chase Mailing Address 5374 Long Shadow Ct. City State Zip Code Westlake Village CA 91362-5223 FEC ID number of contributing federal political committee. C Name of Employer Occupation The Chase Group Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00 | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 Transaction ID: 25028110 Amount of Each Receipt this Period 1250.00 |
| C. Full Name (Last, First, Middle Initial) Ms. Elizabeth Casey Mailing Address 3075 E. Thousand Oaks Blvd. City State Zip Code Westlake Village CA 91362 FEC ID number of contributing federal political committee. C Name of Employer Occupation The Chase Group Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00 | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 Transaction ID: 25028113 Amount of Each Receipt this Period 1250.00 |

SUBTOTAL of Receipts This Page (optional)

2842.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Roberts Nelson

Mailing Address 3075 E. Thousand Oaks Blvd.

City State Zip Code
Westlake Village CA 91362-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 25028114

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr Bruce Kelly

Mailing Address 312 Main St.

City State Zip Code
Natchez MS 39120-3462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Living Centers

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 6

Transaction ID: 25029174

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Mr Jack Vetter

Mailing Address 5020 South 118th St.

City State Zip Code
Omaha NE 68137-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vetter Health Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 6

Transaction ID: 25029175

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gary Attman

Mailing Address 8028 Ritchie Hwy. #118

City State Zip Code
 Pasadena MD 21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
FutureCare Health & Mgmt.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 6

Transaction ID: 25029424

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Mr Gregory Chambrey

Mailing Address 100 Daniel Dr

City State Zip Code
 Webster NY 14580-2983

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maplewood Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 6

Transaction ID: 25029428

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)

Mr. Jon Reardon

Mailing Address 1202 Weiss

City State Zip Code
 Saginaw MI 48602-5471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoyt Nursing & Rehab Cent-
er

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 6

Transaction ID: 25029432

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 63

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Rosemary Anderson

Mailing Address 17123 E Fontana Way

| | | |
|----------------|-------|------------|
| City | State | Zip Code |
| Fountain Hills | AZ | 85268-8571 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mi Casa Nursing CenterOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 25034351

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. E.M. Harrington

Mailing Address PO Box 699

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Eastman | GA | 31023-0699 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Pinecare ManagementOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 25034359

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ms. Annette Simpkins

Mailing Address 1100 N. 4th

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Longview | TX | 75601-4739 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Highland Pines Nursing &
RehabOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 25034369

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Thomas E. Hill
Mailing Address PO Drawer 1670

City State Zip Code
Greenwood MS 38935-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Age Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 25034370

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Mr Michael Oliver
Mailing Address 2555 No Price Road

City State Zip Code
Chandler AZ 85244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Regency

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 25034382

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Mr. Glade Hamilton
Mailing Address 411 West 1325 North

City State Zip Code
Cedar City UT 84720-7720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kolob Regional Care & Rehab

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 25034401

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jon Reardon

Mailing Address 1202 Weiss

City State Zip Code
 Saginaw MI 48602-5471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoyt Nursing & Rehab Cent-
er

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 25034412

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Mr Rick Carter

Mailing Address 7851 Metro Pwky Suite 200

City State Zip Code
 Bloomington MN 55425-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Providers of Minneso-
ta

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 25034424

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Mr. David Hebert

Mailing Address 7605 Ridgcrest Drive

City State Zip Code
 Alexandria VA 22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.92

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 25035098

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 63

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Mark Schryver Mailing Address 12075 East 45th Avenue Suite 600 City State Zip Code Denver CO 80239-3136 FEC ID number of contributing federal political committee. C Name of Employer Schryver Medical Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 25035099 Amount of Each Receipt this Period 100.00 |
| B. Full Name (Last, First, Middle Initial) Ms. Margaretta Yarwood Mailing Address 2637 N. Marcy Road City State Zip Code Arlington VA 22207-5231 FEC ID number of contributing federal political committee. C Name of Employer United Occupation Flight Attendant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 25037912 Amount of Each Receipt this Period 350.00 |
| C. Full Name (Last, First, Middle Initial) Ms. Lyn Bentley Mailing Address 2212 Hidden Valley Lane City State Zip Code Silver Spring MD 20904-5240 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 25037915 Amount of Each Receipt this Period 20.00 |

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Ms. Julie Cheeka Mailing Address 3614 Connecticut Avenue, NW Apt 22 City Washington State DC Zip Code 20008-2436 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Senior Director of Constituency Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.42 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 25037916 Amount of Each Receipt this Period 11.54 |
| B. Full Name (Last, First, Middle Initial) Mr. David Hebert Mailing Address 7605 Ridgecrest Drive City Alexandria State VA Zip Code 22308-1049 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Senior Vice President of Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.70 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 25037917 Amount of Each Receipt this Period 27.78 |
| C. Full Name (Last, First, Middle Initial) Ms Jennifer Shimer Mailing Address 9507 Shelly Krasnow Ln City Fairfax State VA Zip Code 22031-4720 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.42 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 25037921 Amount of Each Receipt this Period 11.54 |

SUBTOTAL of Receipts This Page (optional)

50.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Mr David Kylo Mailing Address 4621 28th Road South PAYROLL DEDUCTION City Arlington State VA Zip Code 22206-1143 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Director, Assisted Living Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 895.32 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 25037923 Amount of Each Receipt this Period 39.56 |
| B. Full Name (Last, First, Middle Initial) Ms. Shelley Sabo Mailing Address 6360 Tisberry Drive PAYROLL DEDUCTION City Burke State VA Zip Code 22015-4061 FEC ID number of contributing federal political committee. C Name of Employer NCAL Occupation Director Assisted Living Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 25037925 Amount of Each Receipt this Period 10.00 |
| C. Full Name (Last, First, Middle Initial) Mr. Ken Beebe Mailing Address 571 Hwy 51 Suite H City Ridgeland State MS Zip Code 39157-2564 FEC ID number of contributing federal political committee. C Name of Employer Legacy Care Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6 Transaction ID: 25046270 Amount of Each Receipt this Period 250.00 |

SUBTOTAL of Receipts This Page (optional)

299.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Floyd Schlossberg
Mailing Address 4200 W. Peterson #140

City State Zip Code
Chicago IL 60646-6812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alden Management Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 6

Transaction ID: 25046272

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Ina Schlossberg
Mailing Address 4200 W Peterson #140

City State Zip Code
Chicago IL 60646-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alden Enterprises

Occupation
Special Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 6

Transaction ID: 25046274

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)
Ms Cheryl Killian
Mailing Address 3801 Woodside Dr.

City State Zip Code
Arlington TX 76016-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legacy Care Centers Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 6

Transaction ID: 25046276

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

2525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr Ira Alpert

Mailing Address 285 South Street
Suite J

City State Zip Code
San Luis Obispo CA 93401-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilshire Foundation Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 25053034

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

65709.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 63

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Nelson For U S Senate (Receipts)

Mailing Address 500 Red Sail Way

City State Zip Code
 Satellite Beach FL 32937

FEC ID number of contributing
federal political committee.

C C00344051

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 24914759

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. National Health Corporation PAC

Mailing Address 100 Vine Street

City State Zip Code
 Murfreesboror TN 37130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 24953981

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Mark Foley

Mailing Address P.O. Box 30505

City State Zip Code
 West Palm Gardens FL 33420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☐ General
☒ Other (specify) ▼
 2006 Primary

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 25051397

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 63

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Friends of Mark Foley

Mailing Address P.O. Box 30505

City State Zip Code
West Palm Gardens FL 33420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☐ General
☒ Other (specify) ▼
 2006 General

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 25051709

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)

Friends of George Allen

Mailing Address PO Box 6859

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☐ General
☒ Other (specify) ▼
 2006 General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 25051837

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Pallone for Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☐ General
☒ Other (specify) ▼
 2006 General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 25051992

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

11500.00

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Markey Committee, The

Mailing Address P.O. Box 526

City
Medford

State
MA

Zip Code
02155

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Edward Markey

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 7

Transaction ID: 24879319

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tammy Lee For Congress

Mailing Address 8014 Olson Memorial Hwy #612

City
Golden Valley

State
MN

Zip Code
55427

Purpose of Disbursement

011

Category/
Type

Candidate Name
Ms. Tammy Lee

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 5

Transaction ID: 24879318

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Menendez for Senate

Mailing Address 1100 Valley Brook Ave

City
Lindhurst

State
NJ

Zip Code
07071

Purpose of Disbursement
Void - Menendez for Senate

011

Category/
Type

Candidate Name
Mr. Robert Menendez

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: 24880039

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

-2000.00

Void - Menendez for Senate

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lincoln Davis for Congress

Mailing Address PO box 2002

City
Pall Mall

State
TN

Zip Code
38577

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Lincoln Davis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 4

Transaction ID: 24879954

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Doggett for Congress

Mailing Address PO Box 5743

City
Austin

State
TX

Zip Code
78763

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Lloyd Doggett

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 24924419

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Graves for Congress

Mailing Address PO Box 34744

City
Kansas City

State
MO

Zip Code
64116

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Sam Graves

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 6

Transaction ID: 24924420

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frelinghuysen for Congress

Mailing Address P.O. Box 712
514 Cannon HOB

City Morristown State NJ Zip Code 07963

Purpose of Disbursement
Void - Frelinghuysen for Congress

Candidate Name
Mr Rodney Frelinghuysen

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 11

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24930665

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Frelinghuysen for Congress

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Mr. Ed Whitfield

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24929056

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cantwell 2006

Mailing Address PO Box 61528

City Vancouver State WA Zip Code 98666

Purpose of Disbursement
Void - Cantwell 2006

Candidate Name
Sen. Maria Cantwell

Office Sought: ☐ House
☒ Senate
☐ President

State: WA District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24943838

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

-5000.00

Void - Cantwell 2006

SUBTOTAL of Disbursements This Page (optional)

-5000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 63

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victory 2006

Mailing Address PO Box 12740

City
Seattle

State
WA

Zip Code
98111

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24944537

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00